U.S. Department of Latar Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

QLMS Y				
1. File Number U - 9429	2. Fiscal Year Covered From:			
	TI/ II/ Doct Through: 131/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name James marold	Name TBEW Local 292			
	Labor Organization File Number 007506			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 312 Central Ave	Street 312 Central Ave			
City Minneapolis	City minneapolis			
State MU ZIP Code + 4 SAL	State MN ZIP Code + 4 SA14			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of			
	7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the second complete)	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)			
Signed James Marola	On 7/28/05 952-945-0292 Date Telephone Number Telephone Number			
Form M. 20 (2003)	Page 1 of 2			

1 11	File Number U-
Name of Person Filling James Marold	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwise of an employer whose employees your labor organization represents or is actively (2) any part of which consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing the consists of buying from or selling or leasing to, or otherwise substantial part of which consists of buying from or selling or leasing the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly or indirectly go in the consists of buying from or selling or leasing directly go in the consists of buying from or selling or leasing directly go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling go in the consists of buying from or selling g	y seeking to represent, or otherwise
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State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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Street	11.b. Approximate dollar value of such dealing.
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C. Received from any employer (other than an employer covered under the employer any payment of money	er parts A and B above)
C. Received from any employer (other than an employer covered units or from any labor relations consultant to an employer any payment of money	/ or other thing of value. 14.a. Nature of payment.
 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	6 Trustee meetings Luach And room Rendal
Name TBTW 292 Houlth Care PIAN	And room Rendal
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 430	
Street 5100 Gamble Dr	
City St Loveis Park ZIP Code + 4 55416	
State NAME	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filing James Marold		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valusubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectivito, or otherwise	is	
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Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
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P.O. Box, Bldg., Room No., if any Suite 1130 Street 805 15th St NW City Washington DC State DC ZIP Code + 4 20005				
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Form LM-30 (2003)

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13.b. Is the Business an Employer or Consultant		Page 2 of

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